

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10 765757

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3	1						
4	1			1			
5	3						
6	4						
7	4						
8	2			1			
9	0						
10	2			1			
11	4						
12	3			1			
13	1			1			
14	3			1			
15	1			1			
16	2			1			
17	4			1			
18	3			1			
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46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.	52						
TOTAL CLAIMS	53	28					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						